

**LEXINGTON-FAYETTE URBAN COUNTY  
GOVERNMENT**

Department Of Public Works & Development  
Division Of Building Inspection  
200 East Main Street  
Lexington Ky 40507  
Phone: 859-258-3770  
Fax: 859-258-3780

**DEMOLITION  
PERMIT  
APPLICATION**

Commercial

Residential

Address:			Zone:		
Owner:			Phone:		
Owner's Address:					
City:		State:		Zip:	
Contractor:			Phone:		
Contractor's Address:			Contractor's email address:		
City:		State:		Zip:	
Assessment:		Cost of Demolition:		Construction Type:	
# of Buildings:	# of Units:	# of Rooms:		# of Baths:	# of Stories:
Foundation:		Sewer Plug #:		<input type="checkbox"/> Occupied <input type="checkbox"/> Vacant	
Insurance Company:					
Address:		City:		State:	Zip:
Amount of public liability insurance/or bond required:			Amount of property damage insurance/or bond required		
Policy Expiration Date:			Permit Fee \$		
<b>CONDITIONS OF PERMIT</b> <ul style="list-style-type: none"> <li>• THIS PERMIT GOOD FOR 30 DAYS ONLY.</li> <li>• ADEQUATE BARRICADES MUST BE PROVIDED BEFORE DEMOLITION WORK IS STARTED.</li> <li>• UNSUITABLE FILL MATERIAL MUST BE HAULED TO URBAN COUNTY LAND FILL.</li> <li>• LOT MUST BE LEFT IN CLEAN, SMOOTH, AND SANITARY CONDITION.</li> <li>• BUILDING(S) MUST BE COMPLETELY VACATED BEFORE ANY ACTIVITY UNDER THIS PERMIT IS COMMENCED.</li> <li>• USE OF LOT(S) AFTER WRECKING IS COMPLETED, MUST COMPLY WITH ALL ORDINANCES AND CODES.</li> </ul>					
Approved by:			Worker's Comp Certificate on File		
			Expiration Date:		
<ul style="list-style-type: none"> <li>• If applicant is a non-resident of Fayette County, said applicant does hereby appoint the Building Inspector of the Lexington-Fayette Urban County Government his, hers, or its agent for service of process for any suits brought against the holder of this permit for any work covered by this permit, and hereby consents that any such suit may be prosecuted against the contractor and/or owner in any court having jurisdiction of the subject matter.</li> <li>• The Building Inspector shall see that the amount of insurance or bond is in accordance with the provisions of Ordinance No. 4004 of the Lexington-Fayette Urban County Government.</li> <li>• I certify that the above information is true and correct.</li> <li>• I agree to comply with all the above conditions (if any).</li> </ul>					
The undersigned hereby certifies they are the owner or the owners' agent of the above property.					
Contractor's Signature:			Date:		